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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DELOACH,PL
Account Number : I20030000125
Phone : (407)480-5005
Fax Number : (407)480-5025

**DISS/TERM/CANCEL/REV OF LP/LLP
RESH FAMILY PARTNERSHIP, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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CERTIFICATE OF DISSOLUTION FOR

RESH FAMILY PARTNERSHIP, L.L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on JUNE 27, 2007, assigned Florida document number A07000000833, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

ALL THE PARTNERS ENTERED INTO AN AGREEMENT TO DISSOLVE THE PARTNERSHIP.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing, _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Claryne V. Resh
CLARYNE V. RESH, TRUSTEE OF THE
CLARYNE V. RESH REVOCABLE TRUST
DTD 9/22/2006 AND CO-TRUSTEE OF THE
SHELTER TRUST CREATED BY THE WARREN
W. RESH REVOCABLE TRUST AGREEMENT
DTD 9/22/2006

Warren W. Resh
WARREN W. RESH, JR., CO-TRUSTEE OF
THE SHELTER TRUST CREATED BY THE
WARREN W. RESH REVOCABLE TRUST
AGREEMENT DTD 9/22/2006

Filing Fee: \$52.50
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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
RESH FAMILY PARTNERSHIP, L.L.P.

Description of information that must be included in a claim:

NAME OF CLAIMANT; DATE THE CLAIM ORIGINATED; ORIGIN OF THE CLAIM;

AMOUNT OF THE CLAIM; AND DOCUMENTATION SUPPORTING THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

C/O DELOACH, P.L.

1206 EAST RIDGEWOOD STREET

ORLANDO, FL 32803

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

CLARYNE V. RESH, TRUSTEE OF THE
CLARYNE V. RESH REVOCABLE TRUST
DATED 2/27/2016

Printed Name

Claryne V. Resh

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately,
\$52.50.

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